

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant:	Yoshitaka Masutani	:	
Serial No.:	10/626,320	:	Group No.: 3768
Filed:	July 24, 2003	:	Examiner: Rozanski, Michael T.
For:	METHODS AND APPARATUS FOR RECONSTRUCTION IN HELICAL CONE BEAM VOLUMETRIC CT	:	

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

TRANSMITTAL

1. Transmitted herewith is:
Request for Reconsideration to Office Action dated October 31, 2007 (8 pages)
Amendment Transmittal (3 pages)

STATUS

2. Applicant
 claims small entity status.
 is other than a small entity.

EXTENSION OF TERM

3. The proceedings herein are for a patent application and the provisions of 37 C.F.R. 1.136 apply.

(complete (a) or (b), as applicable)

(a) Applicant petitions for an extension of time under 37 C.F.R. 1.136
(Fees: 37 C.F.R. 1.17(a)-(d) for the total number of months checked below:)

Extension for response within:	Other than small entity Fee	Small entity Fee (if applicable)
first month	\$ 120.00	\$ 60.00
second month	\$ 460.00	\$ 230.00
third month	\$ 1,050.00	\$ 525.00
fourth month	\$ 1,640.00	\$ 820.00
fifth month	\$ 2,230.00	\$1,115.00

Fee: \$

If an additional extension of time is required, please consider this a petition therefor.

(Check and complete the next item, if applicable)

— An extension of _____ months has already been secured. The fee paid therefore \$_____ is deducted from the total fee due for the total months of extension now requested.

Extension fee due with this request \$

OR

(b) Applicant believes that no extension of term is required. However, this conditional petition is being made to provide for the possibility that applicant has inadvertently overlooked the need for a petition for extension of time.

FEE FOR CLAIMS

4. The fee for claims (37 C.F.R. 1.16(b)-(d)) has been calculated as shown below:

(Col. 1)		(Col. 2)		(Col. 3)	SMALL ENTITY		OTHER THAN SMALL ENTITY		
CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NO. PREVIOUSLY PAID FOR		PRESENT EXTRA	ADDITIONAL RATE FEE		OR	ADDITIONAL RATE FEE	
TOTAL INDEP.		MINUS		=	x \$25.00 = \$		x \$50.00 = \$		
		MINUS		=	x \$105.00 = \$		x \$210.00 = \$		
—		FIRST PRESENTATION OF MULTIPLE DEP. CLAIM		+ \$185.00 = \$			+ \$370.00 = \$		
				TOTAL ADDITIONAL FEE \$	OR	TOTAL ADDITIONAL FEE \$			

(a) No additional fee for Claims is required

OR

(b) Total additional fee for claims required \$ _____

FEE PAYMENT

5. Attached is a check in the sum of \$_____

Charge Deposit Account No. 01-2384 the sum of \$_____.
A duplicate of this transmittal is attached.

FEE DEFICIENCY

6. If any additional extension and/or fee is required, charge Deposit Account No. 01-2384.

AND/OR

If any additional fee for claims is required, charge Deposit Account No. 01-2384.

7. Other:



Michael J. A. Leinauer

Reg. No. 55,795

ARMSTRONG TEASDALE LLP

One Metropolitan Square, Suite 2600

St. Louis, MO 63102

314-621-5070